FOR IMMEDIATE RELEASE
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Timeline on how VA prepared for COVID-19 outbreak and continues to keep Veterans safe

WASHINGTON – The World Health Organization (WHO) declared the coronavirus disease 2019 (COVID-19) a worldwide pandemic, March 11, but the U.S. Department of Veterans Affairs (VA) was already preparing for this dangerous virus several weeks before.

Since COVID-19 appeared in the U.S., VA has effectively managed its resources and has cared for more than 4,500 Veterans diagnosed with the virus, and dozens of non-Veteran patients as part of its "Fourth Mission" to serve as a backstop to America's health care system.

Here's a look back at how VA prepared for this unprecedented event to protect Veterans and non-Veterans, and how VA continues to work to ensure the safety of millions of Veterans and their families.

January 4, 2020: The Office of Emergency Management notified Veterans Health Administration (VHA) senior leadership and began tracking a pneumonia of unknown origin with 40 cases surfacing in China.

January 20: The first U.S. COVID-19 case was confirmed in Washington state.

January 21: The next day, VHA activated the Emergency Management Coordination Cell (EMCC) to begin coordination of a nationwide response.

January 22: The EMCC held its first planning session and convened the High Consequence Infection workgroup, and launched several daily reporting procedures, including briefs to senior VHA leaders and guidance to all VHA field facilities providing up-to-date information on the virus.

VHA began developing procedures to establish home isolation/quarantine care to mitigate infection and developing training information for all VHA employees.

January 27: VA began daily continuous engagement with the Department of Health and Human Services (HHS) on the COVID-19 response and started internal assessment of personal protective equipment (PPE) supplies. VA started work with HHS on messaging about the supply chain and use of PPE.

January 30: The WHO declared a global public health emergency, and the Centers for Disease Control (CDC) confirmed the first case of person-to-person transmission in the United States (U.S.).

January 31: VHA's Office of Emergency Management assessed the status of PPE at each VHA medical center and found no shortages. Some equipment was found to have been sourced from China, and a plan was established to source additional PPE from other vendors if needed. VHA officials established a "burn rate" to estimate when PPE supplies might run short.

VHA directed all facilities to have staff telework or remain on leave for at least 14 days if they have visited or are returning from China.

HHS declared COVID-19 a public health emergency in the U.S.

February 5: VHA released guidance urging all Veterans and staff to take everyday preventive actions to avoid infection, including washing hands and social distancing. Thorough guidance was released broadly to the public on these precautions and what Veterans should do if they have symptoms.

February 8: VHA developed a long-term sustainment plan in the event that several Veterans become ill or test positive.

February 11: VHA agreed to provide daily information to the CDC and HHS to ensure the federal government can monitor stresses that COVID-19 might place on the health care system.

February 20: VA expanded plans to use telehealth services to help patients during the outbreak.

February 24: The official count of U.S. citizens with confirmed cases of COVID-19 rose to 53.

February 29: Washington state reported its first COVID-19 death.

March 2: The Palo Alto VA Medical Center received the first Veteran patient who has tested positive for COVID-19, a passenger from the Diamond Princess cruise ship.

March 10: VA stopped allowing visitors to enter its 134 nursing homes and 24 major spinal cord injury and disorder centers.

The CDC still considered COVID-19 to be a low threat to the U.S. in early March, but VA believed this step was needed to reduce the risk that these older and more vulnerable Veterans could be exposed to the virus.

March 11: The WHO declared COVID-19 a worldwide pandemic.

March 16 week: VA began deploying Mobile Vet Centers to help reach Veterans who needed counseling during the outbreak but were unable to visit a medical facility.

March 19: The Office of Personnel Management approved VA's request to make it easier to hire retired medical professionals. This approval gave VA the capacity to quickly expand the available number of health care workers as necessary, and VA moved quickly to start rehiring staff to ensure seamless operations during the outbreak.

March 21: President Trump signed legislation ensuring no reduction of VA education benefits under the GI Bill to Veteran students forced to take classes online because of the virus, so their education would not be disrupted.

March 23: As of this date, VA postponed committal services and the rendering of military funeral honors at all VA national cemeteries in order to help reduce the risks of contracting the virus. VA continued allowing immediate family members in groups of no more than 10 to witness interments.

March 27: VA released its full COVID-19 response plan, which among other things outlined the Department's plans to shift some outpatient care to telehealth and postpone elective surgeries.

The plan also called for the creation of separate COVID-19 zones in each medical facility to keep Veterans and their families safe.

March 29: Pursuant to a FEMA mission assignment, VA opened 50 beds in New York City to non-Veterans to ease the pressure on local hospitals dealing with the outbreak, after determining that care to Veterans would not be disrupted.

April 1: VA opened 20 beds to non-Veterans in New Jersey to assist with COVID-19 patients in that state, pursuant to another FEMA mission assignment, after determining that care to Veterans would not be disrupted.

April 2: A VA facility in Bedford, Massachusetts cared for 10 State Veterans Home patients.

April 3: VA announces a suspension of the collection and other actions related to outstanding Veteran debts, so that Veterans can stay focused on their health and safety.

April 5: Pursuant to a FEMA mission assignment, VA opened 35 beds between the Ann Arbor and Detroit VA Medical Centers to non-Veteran critical and non-critical COVID-19 patients, after determining that care to Veterans would not be disrupted.

April 5: Pursuant to another FEMA mission assignment, VA loaned a mobile pharmacy trailer to the TCF Center in Detroit, Michigan, where the Army Corps of Engineers has set up a makeshift hospital for 1,000 beds. The State of Michigan will provide staff and supplies.

April 7: A VA facility in Providence, Rhode Island cared for 7 community nursing home patients.

April 7: VA accepted mission assignments from FEMA to open beds in Albuquerque, New Mexico for non-Veteran patients, after determining that care to Veterans would not be disrupted.

April 9: VA's National Cemetery Administration launches a website listing all Veterans interred at a national cemetery each day. This Roll of Honor keeps all families informed about the status of their loved ones even if the Coronavirus has delayed committal services.

April 10: Edward Hines, Jr. VA Hospital, Illinois accepted mission assignments from FEMA to open beds for non-Veteran patients, after determining that care to Veterans would not be disrupted.

April 10: Marion VA Medical Center, Illinois accepted mission assignments from FEMA to open beds for non-Veteran patients, after determining that care to Veterans would not be disrupted.

April 10: Jesse Brown VA Medical Center, Illinois accepted mission assignments from FEMA to open beds for non-Veteran patients, after determining that care to Veterans would not be disrupted.

April 12: Overton Brooks VA Medical Center, Louisiana accepted mission assignments from FEMA to open beds for non-Veteran patients, after determining care to Veterans would not be disrupted.

April 13: Three VA clinicians in New Haven, Connecticut were placed on assignment to provide medical support to the homeless population at risk for COVID-19.

April 13: VA releases data showing significant increases in virtual mental health care services provided to Veterans amid the pandemic. Mental health care delivered by phone increased 280 percent in March from the prior month, and telehealth group therapy teams conducted more than 2,700 visits, up more than 200 percent.

April 17: VA announces an arrangement to ensure all Veterans who receive VA compensation and pension payments automatically receive their Coronavirus stimulus payments even if they didn't file a tax return.

April 20: VA announces the acquisition of a community hospital in Texas that will be used to increase its capacity to care for patients with COVID-19. The 470,000 square foot facility will let VA provide 100 additional beds in the VA North Texas Health Care System.

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